

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Title::	PROMOTION OF WOUND HEALING
Attorney Docket Number::	C07/7
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	9
Total Drawing Sheets::	10
Small Entity?::	Yes

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	MARK
Family Name::	PINES
City of Residence::	Rehovot
Country of Residence::	ISRAEL
Street of mailing address::	12B Pinsker Street
City of mailing address::	Rehovot
Country of mailing address::	ISRAEL
Postal or Zip Code of mailing address::	76308

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	ISRAEL
Family Name::	VLODAVSKY
City of Residence::	Mevasseret Zion
Country of Residence::	ISRAEL
Street of mailing address::	34 Arbel Street
City of mailing address::	Mevasseret Zion
Country of mailing address::	ISRAEL
Postal or Zip Code of mailing address::	90805

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	ARNON
Family Name::	NAGLER
City of Residence::	Jerusalem
Country of Residence::	ISRAEL

Street of mailing address:: 46 Sderot Herzl
 City of mailing address:: Jerusalem
 Country of mailing address:: ISRAEL
 Postal or Zip Code of mailing address:: 74381

CORRESPONDENCE INFORMATION

Name:: D'VORAH GRAESER
 Street of mailing address:: c/o The Polkinghorns
 9003 Florin Way
 City of mailing address:: Upper Marlboro
 State or Province of mailing address:: Maryland
 Postal or Zip Code of mailing address:: 20772

Phone number:: 301-952-1011
 Fax Number: 301-952-9023
 E-Mail address:: dvorah@actcom.co.il

REPRESENTATIVE INFORMATION

Representative Designation::	Registration Number::	Representative Name::
Primary	40,000	D'vorah GRAESER

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IL99/00441	September 9, 1999

ASSIGNEE INFORMATION

Assignee name:: HADASIT MEDICAL SERVICES AND DEVELOPMENT
 COMPANY
 Street of mailing address:: KIRYAT HADASSAH
 City of mailing address:: JERUSALEM
 Country of mailing address:: ISRAEL
 Postal Code of mailing address:: 91120